

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90126 020 ***150.00

DOCUMENT # P02000117055

1. Entity Name
INVERSIONES CBG, CORP.



Principal Place of Business
**13753 N.W. 15TH STREET
PEMBROKE PINES FL 33028
US**

Mailing Address
**13753 N.W. 15TH STREET
PEMBROKE PINES FL 33028
US**



2. Principal Place of Business

1511 NW 139 Ave.

3. Mailing Address

1511 NW 139 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines/FL

City & State
Pembroke Pines/FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33028

Country
USA

Zip
33028

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARRERO, JOSE C
1820 N. CORPORATE LAKES BLVD.,
SUITE 105
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **MARRERO, JOSE C.**
Street Address (P.O. Box Number is Not Acceptable)
1820 N. CORPORATE LAKES BLVD.
SUITE 105.
City **WESTON/ FL.** FL Zip Code **33326**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-10-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARROS CORRALES, CARLOS R 13753 N.W. 15TH STREET PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARAGON, LILIANA E 13753 N.W. 15TH STREET PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-03

Date

Daytime Phone #